

Arizona Commission on the Arts

Teaching Artist Roster Signature Page

Type or Print all information in the spaces provided

For Staff Use:	Roster ID:	Track ID:	Track ID:
	Roster ID:	Track ID:	Track ID:
	Roster ID:	Track ID:	Track ID:

A. Contact Information: I am applying to the Teaching Artist Roster in the listing(s) and discipline(s) indicated below. Check how you identified yourself on the Roster

☐ Company Name: _____

☐ Individual Artist or Contact Person: _____

B. Listing(s) and Discipline(s) for which you are applying for: Select all that apply. Please take note of audition dates. I understand that if contacted for an interview, I will attend on the below dates. I am applying for and intend to be available for the following interview dates.

Please choose Education Based **OR** Community Based **OR** both Education and Community Based Only

Education Based Only		Community Based Only		Both Education and Community Based	
Monday, October 20, 2008	Tuesday, October 21, 2008	Wednesday, October 22, 2008		Thursday, October 23, 2008	Friday, October 24, 2008
<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre	<input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Visual Arts	<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts	<input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts	<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre	<input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Visual Arts

C. Application Checklist: Required items to needed to apply to the Teaching Artist Roster

Items to be completed online	Items to be uploaded online	Items to be mailed
<input type="checkbox"/> Artist Intent to Apply (due Aug 14, 2008) <input type="checkbox"/> Completed application at http://roster.azarts.gov <input type="checkbox"/> Field Evaluation Form (to be completed by a third party observer)	<input type="checkbox"/> Sample residency/lesson plan <input type="checkbox"/> Sample assessment/evaluation tool <input type="checkbox"/> Artistic work samples <input type="checkbox"/> Resume/bio	<input type="checkbox"/> Complete, sign and return this Signature Page

D. The following information is required for federal reporting purposes. Information will not be considered during any panel review process and will be used only to determine trends in the field.

Legislative District: Based on your street address, enter one legislative district number for each of the government branches listed. To locate your legislative districts, [click here](#). You will need your +4 Zip Code to use this database, hosted by Arizona Citizens/Action for the Arts at www.azcitizensforthearts.org.

Arizona Legislative District _____ US Congressional District _____

Race/Ethnicity Codes:

Individuals should select any combination of the following that best represents their race/ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No single group	Companies should select any combination of the following that best represents their company's race/ethnicity: <input type="checkbox"/> 50% or more Asian <input type="checkbox"/> 50% or more Black/African American <input type="checkbox"/> 50% or more Hispanic/Latino <input type="checkbox"/> 50% or more American Indian/Alaska Native <input type="checkbox"/> 50% or more Native Hawaiian/Pacific Islander <input type="checkbox"/> 50% or more White <input type="checkbox"/> No single group
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Disability:

Individuals and companies should answer the following question: Are you or is any member of your company a person with a disability?

☐ Yes ☐ No ☐ Prefer not to answer

E. Deadline for Submission: Must be postmarked or delivered to the ACA Offices no later than 5:00pm Thursday, September 18, 2008.

☐ I certify that at the time I submit this application, I am at least 18 years of age and a resident of Arizona. I certify that all statements made in this application are true to the best of my knowledge and in accordance with the eligibility criteria for this program. I understand that artists juried onto the Teaching Artist Roster are provided professional development and technical assistance, and if problems arise regarding a teaching artist's actions in Arts Commission programs, an assistance and review process is in place. By submitting this application, I am agreeing to abide by the Arts Commission's policies.

Artist's Signature _____

Date _____

Mail to: Arizona Commission on the Arts, 417 West Roosevelt Street, Phoenix, Arizona 85003-1326.

Persons with a disability may request a reasonable accommodation, such as sign language interpreter by contacting the Arts Commission at 602-771-6501. Requests should be made as early as possible to allow time to arrange the accommodation.